



Practitioner's Docket No. 701039-054682-C1-CPA

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Moses et al.
Application No.: 09/469,637 Group No.: 1651
Filed: December 22, 1999 Examiner: Gitomer, Ralph
For: NON-INVASIVE ENZYME SCREEN FOR TISSUE REMOLDELLING-
ASSOCIATED CONDITIONS

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

I hereby certify that this correspondence:

1. Transmittal Form (1 pg.);
2. Copy - Assistant Secretary's Certificate - Corporate Authority of D. Lombardi (1 pg.);
3. Power of Attorney by Assignee of Entire Interest (Revocation of Prior Powers) - Executed by D. Lombardi; (2 pp.);
4. Statement Under 37 C.F.R. § 3.73(b) Establishing Right of Assignee to Take Action - Executed by D. Lombardi (2 pp.);
5. Copy - Recorded Assignment 11/17/1997 Reel/Frame 8798/0796 (5 pp.);
6. Change of Correspondence Address - Executed by D. Lombardi (1 pg.);
7. Amendment (16 pp.) (1 pg.);
8. Exhibits A - I (A) (including executed Moses Declaration - 5 pp);
9. Copy - Information Disclosure Statement filed 02/18/2000 and 1449 (7 pp.);
10. Copies - Cited References AA - AS; BA - BO; CA - CF;
11. Terminal Disclaimer (1 pg.);
12. Fee Transmittal (1 pg.);
13. Check - \$530.00;
14. Return Receipt Postcard;

is on the date shown below being:

MAILING

X deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22202

Date: January 12, 2004

FACSIMILE

transmitted by facsimile to the U.S. Patent and Trademark Office.


Signature

Nicole M. Gignac
(type or print name of person certifying)

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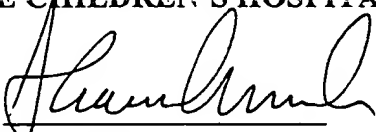
ASSISTANT SECRETARY'S CERTIFICATE

I, Stuart J. Novick, hereby certify that I am the duly elected, qualified and acting Assistant Secretary of the Children's Medical Center Corporation ("Medical Center") and The Children's Hospital Corporation ("Hospital"), both corporations organized and existing under the laws of the Commonwealth of Massachusetts, and that as such, I am authorized to execute this Certificate on behalf of the Medical Center and the Hospital. I hereby certify that on July 17, 2001, at a meeting duly called and at which a quorum was present, the Board of Trustees of the Medical Center and the Hospital unanimously adopted the following vote which has not be amended or changed and remains in full force and effect as of the date of this Certificate:

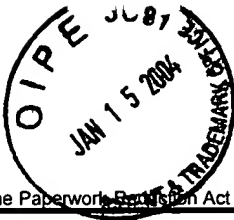
VOTED: That Donald P. Lombardi, Chief Intellectual Property Officer, be and hereby is individually authorized to sign, on behalf of the Hospital and Medical Center, intellectual property management agreements (including licenses, options, joint ownership agreements, assignments and related documents), copyright, patent, and trademark applications and related documents, sponsored research agreements, material transfer agreements, confidential disclosure agreements, and other documents relating to the Hospital's and Medical Center's intellectual property and the transfer thereof.

IN WITNESS WHEREOF, I have executed this Certificate this 2nd day of November, 2001.

**THE CHILDREN'S MEDICAL CENTER CORPORATION
THE CHILDREN'S HOSPITAL CORPORATION**

By: 
Stuart J. Novick
Assistant Secretary

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 530.00

Complete if Known

Application Number	09/469,637
Filing Date	12/22/1999
First Named Inventor	Marsha A. Moses
Examiner Name	Ralph J. Gitomer
Art Unit	1651
Attorney Docket No.	701039-054682-C1-CPA

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

50-0850

NIXON PEABODY LLP

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$)					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims		-20** =	X	
Independent Claims		-3** =	X	
Multiple Dependent				

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920	1804	920	Requesting publication of SIR prior to Examiner action	
1805	1,840	1805	1,840	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	475.00
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify) <u>Terminal Disclaimer</u>					55.00
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$)					530.00

SUBMITTED BY

Name (Print/Type) David S. Resnick

Registration No. 34,235
(Attorney/Agent)

(Complete if applicable)

Telephone (617) 345-6057

Signature

Date

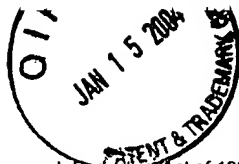
1/12/04

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/469,637
	Filing Date	12/22/1999
	First Named Inventor	Marsha A. Moses
	Art Unit	1651
	Examiner Name	Ralph J. Gitomer
Total Number of Pages in This Submission	Attorney Docket Number	700139-054682-C1-CPA

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Copy - IDS, 1449 & References; Copy - Assistant Secretary's Certificate - Corporate Authority of D. Lombardi; Copy - Assignment; Certificate of Mailing; Check - \$530.00; Return Receipt Postcard.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	The Commissioner is authorized to charge fee deficiencies or credit overpayments associated with this submission to the NIXON PEABODY LLP Deposit Account No. 50-0850.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David S. Resnick NIXON PEABODY LLP, 101 Federal Street, Boston, MA 02110
Signature	
Date	1/12/04

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Washington, DC 20231 on this date:	
Typed or printed name	Nicole M. Gignac
Signature	
Date	1/12/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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